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| TO | Mail Stop Petition |
| COMPANY | USPTO |
| FAX NUMBER | 17038729306 |
| FROM | Tracy Druce |
| DATE | 2005-03-24 23:08:46 GMT |
| RE | Application No. 10/635,899 - Our 7298.075.NPUS01 |

COVER MESSAGE

Please enter our attached Petition, Response to Notice to
File Missing
Parts, and Related Papers.

Thank you,

- Tracy W. Druce
Novak Druce & Quigg, LLP

/rmy

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PTO/SB/21 (09-04)

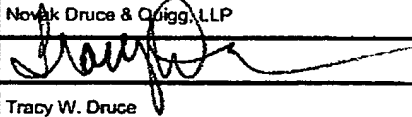
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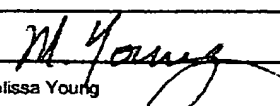
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| | | |
|---|------------------------|-----------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/635.899 |
| | Filing Date | 08-07-2003 |
| | First Named Inventor | PETRIE, Aidan |
| | Art Unit | 3727 |
| | Examiner Name | NOT ASSIGNED |
| | Attorney Docket Number | 7298.075.NPUS01 |
| Total Number of Pages in This Submission | | |

| ENCLOSURES (Check all that apply) | | |
|--|--|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input checked="" type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD <div style="border: 1px solid black; padding: 2px;">Remarks</div> | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Credit Card Authorization; and Copy of Notice |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|----------|--------|
| Firm Name | Novak Druce & Quigg, LLP | | |
| Signature |  | | |
| Printed name | Tracy W. Druce | | |
| Date | 24 Mar 05 | Reg. No. | 35,493 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
|---|---|------|-----------|
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| Signature |  | | |
| Typed or printed name | Melissa Young | Date | 24 Mar 05 |

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PTO/SB/17 (10-01)
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FEE TRANSMITTAL for FY 2005


Patent fees are subject to annual revision.

Complete if Known

| | |
|----------------------|-----------------|
| Application Number | 10/635,899 |
| Filing Date | 08-07-2003 |
| First Named Inventor | PETRIE, Aidan |
| Examiner Name | NOT ASSIGNED |
| Group / Art Unit | 3727 |
| Attorney Docket No. | 7298.075.NPUS01 |

TOTAL AMOUNT OF PAYMENT (\$) 2400

| METHOD OF PAYMENT (check all that apply) | | FEE CALCULATION (continued) | | | |
|--|-----------------|-----------------------------|-----------------|--|-----------|
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| <input type="checkbox"/> Deposit Account: | | | | | |
| Deposit Account Number: 141437 | | | | | |
| Deposit Account Name: NOVAK DRUCE & QUIGG, LLP | | | | | |
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| <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments | | | | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application | | | | | |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | | | | | |
| 1. BASIC FILING FEE | | | | | |
| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid |
| 101 | 740 | 201 | 370 | Utility filing fee | 770 |
| 106 | 330 | 206 | 165 | Design filing fee | |
| 107 | 510 | 207 | 255 | Plant filing fee | |
| 108 | 740 | 208 | 370 | Reissue filing fee | |
| 114 | 180 | 214 | 80 | Provisional filing fee | |
| SUBTOTAL (1) | | | | | (\$ 770) |
| 2. EXTRA CLAIM FEES | | | | | |
| Total Claims | | Extra Claims | | Fee from below | Fee Paid |
| Independent Claims | | 0 | X | | 0 |
| Multiple Dependent Claims | | 0 | X | | 0 |
| Large Fee Code Entity Fee (\$) | | | | | |
| 103 | 18 | 203 | 9 | Claims in excess of 20 | |
| 102 | 84 | 202 | 42 | Independent claims in excess of 3 | |
| 104 | 280 | 204 | 140 | Multiple dependent claim, if not paid | |
| 109 | 84 | 209 | 42 | ** Reissue independent claims over original patent | |
| 110 | 18 | 210 | 9 | ** Reissue claims in excess of 20 and over original patent | |
| SUBTOTAL (2) | | | | | (\$ 0) |
| **or number previously paid, if greater. For Reissues, see above | | | | | |
| Other fee (specify) _____ | | | | | |
| SUBTOTAL (3) | | | | | (\$ 1630) |

| SUBMITTED BY | | Complete (if applicable) | |
|-------------------|---|---------------------------------|--------------|
| Name (Print/Type) | Tracy W. Druce | Registration No. Attorney/Agent | 35,493 |
| Signature |  | Telephone | 202.659-0100 |
| | | Date | 03/24/2005 |

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